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Bib Data Sheet

CONFIRMATION NO. 7185

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/852,541 | FILING DATE<br>05/10/2001<br><br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3738 | ATTORNEY<br>DOCKET NO.<br>PC10247C |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Jonathan S. Stinson, Plymouth, MN;  
*cm*

\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 09/123,240 07/27/1998 ABN  
*cm*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none cm*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/22/2001

|   |   |                           |                         |                                     |                            |
|---|---|---------------------------|-------------------------|-------------------------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>26 | TOTAL<br>CLAIMS<br><del>26</del> 40 | INDEPENDENT<br>CLAIMS<br>3 |
| Verified and<br>Acknowledged                                | <i>Cheney</i><br>Examiner's Signature   | <i>cm</i><br>Initials     |                         |                                     |                            |

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TITLE  
 Neuroaneurysm occlusion and delivery device and method of using same

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1863 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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